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FACSIMILE COVER SHEET

March 25, 2005

Receiver: Examiner Laura M. Schillinger
(USPTO Central Fax)

TEL #:

FAX #: 703-872-9306

Sender: Roger S. Sampson

Serial No. 10/016,017

Our Ref. No.: NOVLP030

Re: Amendment B

Pages Including Cover Sheet(s):

Fax Contents: Fax Cover Sheet- 1 page
Amendment Transmittal- 1 page
Amendment B- 10 pages

MESSAGE:

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gopinath et al.

Attorney Docket No.:
NOVLP030/NVLS-000497

Application No.: 10/016,017

Examiner: Schillinger, Laura M

Filed: December 12, 2001

Group: 2813

**Title: METHOD AND APPARATUS FOR
INTRODUCTION OF SOLID PRECURSORS
AND REACTANTS INTO A SUPERCRITICAL
FLUID REACTOR****CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Laura M. Schillinger, at facsimile telephone number (703) 872-9306 on March 25, 2005.

Printed Name: Roger S. Sampson

Signed: **AMENDMENT TRANSMITTAL**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

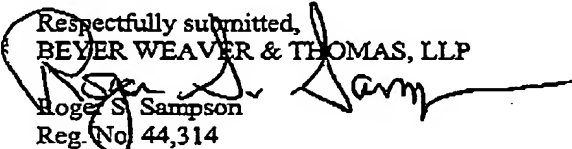
Transmitted herewith is a response for the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	38	MINUS	39	0	x 9 =	x 18 = 0
Independent Claims	2	MINUS	3	0	x 44 =	x 88 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$150.00	\$300.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NOVLP030).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


Roger S. Sampson
Reg. No. 44,314

P.O. Box 778
Berkeley, CA 94704-0778

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Printed Name: Roger S. Sampson

Signed: **AMENDMENT B**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed January 26, 2005, Applicants
request that the subject application be amended as set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.